DOCUMENT RESUME

ED 278 895 CG 019 673

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TITLE Rigidity in Protecting Professional Orientation: Impact on Family Psychology.
PUB DATE 24 Aug 86
NOTE 10p.; Paper presented at the Annual Convention of the American Psychological Association (94th, Washington, DC, August 22-26, 1986).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Counseling Theories; *Counselor Role; *Family (Sociological Unit); *Family Counseling; Helping Relationship; *Professional Services; Psychotherapy

ABSTRACT

There seems to be a preoccupation with "the family" today, and a current competition for the role of Family Saviour within the helping professions. Practitioners are much more conscious about protecting their territory from infringement by competitors in the current funding situation of human services. Overlapping professionals doing variations on the family therapy theme include family therapists, social workers, pastoral counselors, etc. Since psychology is an amalgram of art and science, the question arises of whether there is room for conceptual certainty or rigidity on the part of family practitioners. The need on the part of working professionals to defend their domain in the therapy session works to the detriment of the family. Expressions of this defensive posture are manifested by structural rigidities which predetermine therapist responses; a blindness to client data which would require an unorthodox response; or in-session therapist resistance. Psychotherapy should be formulated to meet the uniqueness of the family's needs, rather than tailoring the family to fit a hypothetical theory of human behavior. (ABL)

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RIGIDITY IN PROTECTING PROFESSIONAL ORIENTATION: IMPACT ON FAMILY PSYCHOLOGY

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Delivered at the APA Annual Meeting - August 24, 1986.

I'm delighted to see you all here and welcome you sincerely since you presumably gave up attending any concurrent or competing presentations.

Each of you has reason to be here - not only professionally - but because, you, like all humanity, are members of a family (though psychologists are noted for their individuality and autonomy!), and since all humanity's joys and miseries began with the Eve-Adam family - supernaturally created - all of us here had our initial appearance through our family of origin.

While there must always be room for levity to avoid the danger of taking ourselves too seriously, we do have an important topic to deal with today. It is not only professionally significant but it may also raise some searching questions about our own feelings and attitudes as this presentation develops.

CG 019673

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

There is a preoccupation with "the family" today. Everyone is paying at the very least, lip service to "Family."

From professional behavioral scientists to fundamentalist religionists, TV churches and preachers, to numerous newspaper columnists with dubious credentials and many other unqualified pretenders and opportunists who act as self-appointed family guardians, everybody has a family fire extinguisher! Why? Because - there are very serious and legitimate concerns and because there are millions of potential customers with deeply felt pain and often unconvincing and fallacious solutions.

There is current competition for the role of Family Saviour within the helping professions as well. Historically, just as the treatment of children was left to the less highly trained, so the family was left in the hands of least trained and/or least recognized practitioners. For example, the family case worker was at the bottom of the professional hierarchy - while at the top, the psychiatrists only worked with individuals. Fortunately, recent decades have slowly brought about a change; but now there is a proliferation of family therapists, family journals, family textbooks - even an APA Division of Family Psychology! The market is becoming flooded with a multiplicity of credentialled specialists and regrettable pretenders.

The shrinking of federal, state and local funds for human services during the Reagan administration and the growing prevalence of Health Maintenance Organizations and Preferred Provider Organizations have made many practitioners much more conscious about protecting their turf from infringement by competitors.

There is the continuing struggle of overlapping professions all doing variations on the family therapy theme: marriage and family therapists, mediators, lawyers, divorce, counselors, sex therapists, social workers, pastoral counselors and clergy, etc., etc. In many jurisdictions the title of Family Therapist is still not protected or not specifically mentioned.

Each of these disciplines is absolutely convinced of the righteousness of its position and its offerings in the rendering of services within the large family spectrum. This, in spite of the fact that the parents of such disciplines - the behavioral sciences in general and psychology in particular, acknowledge their, as yet, less than perfect development and recognize that at best, psychology is an amalgam of art and science.

Is there room, therefore, for ideational or conceptual certainty or rigidity on the part of family practitioners? In all frankness, aren't all of us really searching (and sometimes not so skillfully and not so confidently) for still elementary answers to many fundamental questions?

One touches the family in different ways. The therapist who comes from an individual orientation may rationalize and give something of the following argument when attempting to justify working therapeutically with families: Is not a family a collection of individuals? And are not all

individuals part of a family (at least in their developmental history and current ideation)? So we have both conceptual and operational complexities and dilemmas. Why would the therapist's effectiveness vary significantly if his or her focus is on one or the other? Perhaps it doesn't really matter if the therapist is highly competent and seasoned, if she or he can move along this parameter and be a "swinger", sometimes working with individuals, sometimes with couples, sometimes with entire families.

Upon careful reflection it becomes evident that such arguments are on flimsy ground and may over-stretch the practitioner's legitimate professional parameters.

After many years of supervising therapists and interns, I have come to note the presence of a particularly crucial issue; one that chronically creates considerable defensive feeling on the part of therapists, supervisors, program presenters and journal editors alike. That is, the need on the part of working professionals to defend their professional orientations or domain in the therapy session to the detriment of the family.

Expressions of this particular defensive posture are specific to well known functional activities of family therapists of varying theoretical persuasions. They would appear to differ widely according to the therapist's

commitment to a particular school. They are manifested in three essential ways:

1. Structural rigidities in conducting the work which pre-determine therapist responses, and the refusal to alter them.

2. Data-denseness - a perceptual blindness to certain client data that would require a therapist response different from the orthodox, pre-programmed response.

3. In-session therapist resistance. This latter manifestation flows out of the characteristic defensive nature of the family therapist. It may take the form of smugness, flatfootedness, blaming, attacking the family, an unimaginativeness about one's way of proceeding in the overall, technical conducting of the therapy, impatience, guilty rationalizations such as "One can't expect to have a productive session every time," etc.

Our problem, oddly enough, seems to stem from what many family therapy training institutes would refer to as a successful training experience; an identification with the therapist's teaching faculty and the internalization of the school doctrines. Consequently, the adherence to professional school ties seems related to the unconscious motivation to cling to cult loyalties. Such defensiveness against being one's own professional person merits serious attention by all of our current schools.

Too frequently, professionals fail to look at this issue and continue to role-play their therapy activities rather than to examine what they are doing critically. This suggests that the dependency gratifications, the self-esteem issue through the work identification, contribute to dogmatic and essentially Procrustean work efforts. Unfortunately, these resistances seem so pervasive, so self-reinforcing, that little has been done in the way of researching them. They are indulged in and glorified in what almost becomes the equivalent of a therapeutic character disorder for some practitioners. Observation suggests that it is our defense against the anxiety and loneliness implicit in being responsible for so much of others' lives that creates and supports these cult resistances. In short, they are a security operation or another defense mechanism that makes the family practitioner more comfortable.

Family data can be structured so that it emerges in ways that the family therapist finds most comfortable to grapple with. It should be clear, however, that the data will present itself differently depending on the modality of therapy used.

Data presented to strategic, structural, systemic, psychodynamic or behavioral family therapists will vary in emphasis, content and coloring to cite only a few differences. Are these methods comparable and/or compatible?

In what ways are they comparable, and at what levels are they not comparable? How much of this variation is in the family's productions and how much is induced by the particular method?

These seem to be the central questions to be considered prior to making comparative claims for therapeutic success or failure. The family's temporary alleviation of anxiety produced by any of these methods is not the point, since temporary anxiety reduction may occur with or without therapy. For more enduring results, the issue is either the relatively lasting neutralization of the family's essential problem (whatever it may be) or the elimination of this problem. Different schools argue about the nature of essential problems of families. However, the family's psychological data contains the only clue to discovering the problem. Clearly, what is left out of the investigation of the problem may hold a nuance or an essence that colors the very definition or perception of the problem, itself.

Most schools leave out a considerable amount of client data due to methodological bias and bias in data-reading. They simply do not know how to utilize certain data that doesn't fit their schemata. One can almost define a school of family therapy by the data it <u>ignores</u>, not by the data it deals with. Unfortunately, many schools are highly defensive on this issue.

It would seem that the family is being dissected and molded into whatever methodological box a therapist of a particular persuasion has available. Research should aim at developing a factor analytic approach to all therapy methods to determine how much of the therapy work is structured bias and how much of it, client involvement.

The professional identity defense supports the need of insecure family therapists for purity of method and adherence to school orthodoxies, creating predictable probabilities that the training institute graduate will not achieve maximum treatment outcome with promising client families.

For any theory to ask and demand respect it must consider certain essential interactional and personality factors. Clearly, one should know the reason families resist change, i.e. their need to remain as they are. Additionally, all pertinent defenses must be able to be named and worked with directly. Also, the family's pathological and normative history must be taken into account and weighted for its meaningfulness.

From a theoretical and practical point of view, the issue of psychic energy as it relates to need transformation in psychobiological symptom and character, and to family dynamics needs to be differentiated. The cutting edge of disagreement among schools should be one of accent and focus on data elicited by all methods, not simply on the data

collected by one school with one method. Other basic questions that must be confronted by any theory and method have to do with origin of the difficulty, the internalizing aspect, the anxiety-tainted part of the personalities involved versus the free, open aspects of their makeup and the meaning of normality, health, growth and their place in a global family construct. For a theory or approach not to confront these issues is to invite self-defeat.

In closing and to paraphrase Milton Erikson - Each family is a unique system. Hence, psychotherapy should be formulated to meet the uniqueness of the family's needs, rather than tailoring the family to fit the Procrustean bed of a hypothetical theory of human behavior.

I thank you for your attention and indulgence and wish you good fortune in all your professional endeavors.